Organization ID # 0682417 State of origin

Commonwealth of Kentucky Filing fee \$160.00 Alison Lundergan Grimes, Secretary of S

For the years 2009 through 2012

0682417.09

mstratton NPRF

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed: 3/12/2012 3:10 PM

Fee Receipt: \$160.00 Reinstatement Application and **Reinstatement Annual Report**

RST

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Exact organization name and principal office address **VIOLET'S TRACE HOMEOWNERS ASSOCIATION, INC** 1555 EAST NEW CIRCLE ROAD **SUITE 190 LEXINGTON KY 40509**

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at app.sos.kv.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

MARK RUBIN 1555 EAST NEW CIRCLE ROAD **SUITE 190 LEXINGTON, KY 40509**



Principal Officers - List t specified, officer addresses default	he name, address s to the principal office	and title of all of a display and title of all of a	current officers. All orga porations are required	nizations mu: o list a Secre	st list at least one	e (1) officer, even cer serving as rec	in the case of cords custodia	i a sole officer. If not n
President		Rubin						
Vice-President								
Secretary	Mark	Rubi	n					
Treasurer								
Directors - Non-profit corpora office address.	tions must have at i	east three (3) o	directors. All directors o	the non-prof	fit must be listed	. If not specified, (director addre	sses default to the princips
Melonie Atl	cerson							
Mark Rub								
Harry cohe								
			<u> </u>					
The above entity was adm 2009. The undersigned st satisfies the requirements	ates that the gr	ounds for d	lissolution either o	lid not exi	st or have b	een eliminate	d, and the	entity's name
Under penalty of perjury, to information pertaining to verinstatement pursuant to	/IOLET'S TRAC KRS 271B.14-2	ZE HOMEO 220.	WNERS ASSOC	IATION, II	NC to the Se	cretary of Str	ate, as req	uired for
If not an officer of said on	lty, please prov	lide a Decla	aration of Power o	f Attorney	with the Re	instatement.	Application	1.
X Signature of officer or chair	man of the board (R	equired)	May) Title (F	End En			Oate (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKS
Executive Director

March 12, 2012

VIOLET'S TRACE HOMEOWNERS ASSOCIATION, INC 1555 EAST NEW CIRCLE ROAD SUITE 190 LEXINGTON KY 40509

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, VIOLET'S TRACE HOMEOWNERS ASSOCIATION, INC is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Theresa Collins, Taxpayer Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7288 FAX# 502-564-0058

Kentucky Secretary of State organization number 0682417

